

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>10/522330</u>									
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>								
			<b>6 AMOUNT</b>								
<input type="checkbox"/>	Filing		85 Jun 05 \$ 250								
<input type="checkbox"/>	Amendment		\$								
<input type="checkbox"/>	Extension of Time		\$								
<input type="checkbox"/>	Notice of Appeal/Appeal		\$								
<input type="checkbox"/>	Petition		\$								
<input type="checkbox"/>	Issue		\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$								
<input type="checkbox"/>	Maintenance		\$								
<input type="checkbox"/>	Assignment		\$								
<input type="checkbox"/>	Other		\$								
		<b>7 TOTAL AMOUNT OF REFUND</b> <u>FE</u>									
		\$									
		<b>8 TO BE REFUNDED BY:</b>									
		Treasury Check									
		Credit Deposit A/C #:									
<b>10 REASON:</b>		<b>9</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<input checked="" type="checkbox"/> Overpayment											
<input type="checkbox"/> Duplicate Payment											
<input type="checkbox"/> No Fee Due (Explanation):											
<i>Fee code change - Refund \$ 50.00 credited</i>											
02 FD-2632 <span style="float: right;">-250.00 DP</span>											
<b>11 REFUND REQUESTED BY:</b>											
TYPED/PRINTED NAME: <u>P. K. Iwett</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>P. K. Iwett</u>		PHONE: <u>703 305 4140 Ext 216</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**